

for adolescents to utilize health care resources, they may not be the youth's first choice. Further research is needed to understand youth behaviors associated with increased utilization of SBHCs especially in the adolescent male.

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RESULTS OF THE LOVE YOUR HEART STUDY: A CULTURALLY-ADAPTED INTERNET-ENHANCED PHYSICAL ACTIVITY PROMOTION PROGRAM FOR OVERWEIGHT AND OBESE AFRICAN AMERICAN COLLEGE FEMALES

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Purpose: African American (AA) women are one of the least active demographic groups in the U.S. with only 36% meeting the national physical activity (PA) recommendations. PA begins to decline in AA women in adolescence and continues to decline in young adulthood. Yet, few interventions have been developed to promote PA in adolescent AA girls as they emerge into young adulthood. Clearly, this represents a missed opportunity. The purpose of this study was to evaluate a culturally-relevant, Social Cognitive Theory (SCT) based, Internet-enhanced PA promotion program tool developed for AA young adult women enrolled in college.

Methods: A 3-month, single group, pre-post test design was used. Participants used a culturally-relevant SCT based PA promotion website while engaging in a minimum of 4 four moderate intensity PA sessions each week. The website was designed specifically for the current study. Website development was guided by formative research conducted with overweight and obese AA female college students. Weekly PA sessions required participants to walk at a moderate intensity pace at the indoor track at the University twice per week. For the remaining two sessions, participants could attend a cardiovascular-based group exercise class sponsored by the university (i.e. Zumba, kick-boxing etc.). Physical activity, body mass index, and associated SCT variables were assessed at baseline and 3 months.

Results: Participants (n = 31) had a mean age 21.3 years (SD = 3.1 years) and were mostly obese (BMI = 32.8, SD = 5.7). In comparison to baseline, participants completing the study (n = 25) reported a significant decrease in sedentary behavior (P < .0001) and a positive trend for increased PA (P = .150). Participants also reported a significant increase in self-regulation for PA (P < .0001) and marginally significant increases in social support (P = .052) and outcome expectations (P = .057) for PA. No changes in BMI (P = .162), enjoyment of PA (P = .151), or exercise self-efficacy (P = .086) were observed. Post-intervention consumer satisfaction among study completers was favorable with all participants (n = 25) being "somewhat" to "very satisfied" with the study, 92% (n = 23) reported the study website as being "somewhat" to "very helpful" for promoting physical activity, and 76% (n = 20) indicated they would recommend that study to a friend.

Conclusions: Findings provide preliminary support for the use of a culturally relevant theory based Internet-enhanced PA promotion

tool in young adult AA women. Successful promotion of PA in college aged AA women as they emerge into adulthood could result in the development of life-long healthy PA patterns which may ultimately reduce PA-related health disparities in this high risk underserved population. Future studies with larger samples are needed to further explore the use of Internet-based programs to promote sustained PA in this population.

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DISPARITIES IN ACCESS TO CARE AMONG STUDENTS USING SCHOOL-BASED HEALTH CENTERS

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Purpose: Access to care is at the forefront of the nation's health-care policy agenda, and evidence has shown that access to regular primary and preventive care among adolescents is critical for improving health outcomes into adulthood. Despite this, many adolescents continue to experience disparate access and unmet health needs. School-based health centers (SBHC) are a unique model for providing equitable services for youth; however, few large-scale studies have been conducted to assess their impact in this regard. The purpose of this study is to investigate disparities in access to care among adolescent SBHC users.

Methods: A cross-sectional, quantitative analysis was performed using data generated from the Bureau of Primary Care Healthy Schools, Healthy Communities User Study, which was administered to a nationally-representative sample of 414 adolescents. Six outcome measures captured access to care; specifically, having a usual source of care and reporting unmet health needs. Multivariate logistic regression models examined the effects of socio-demographic and self-reported user health status characteristics on outcome variables.

Results: Analyses showed that disparities by race/ethnicity and insurance status that are typically reported among adolescents seeking care from traditional primary care settings were not present among SBHC users. However, females were 2.81 times more likely than males to report unmet needs for prescription medication (p < 0.05) and 8.15 times more likely to report unmet needs for mental healthcare (p < 0.01). Additionally, adolescents who were diabetic, overweight, or had a mental health or serious emotional concern experienced disparities in reporting unmet needs. Most notably, adolescents with at least one mental health-related concern were 12.13 times more likely than those without to report unmet needs for prescription medication (p < 0.01); while those with a self-reported serious emotional problem were 5.98 times more likely to report unmet needs for mental healthcare (p < 0.05).

Conclusions: In general, SBHCs appear to offer equitable access to care by ensuring that no differences in access exist between adolescent users. However, differences in unmet needs for prescription medication and mental healthcare suggest that care continuity and comprehensiveness could be improved before all disparities are eliminated. In particular, findings suggest that the provision of reproductive and mental health services must be